

The Employment and Training office is pleased to receive your inquiry regarding participation in the College Work Experience program.

The College Work Experience (CWE) program is a 12 week internship program for college Juniors, Seniors, and Graduate students. Goals of the CWE are as follows:

- To gain professional experience, skills, and knowledge related to the participant's field of study.
- To be aware of the Muscogee (Creek) Nation's history, culture and traditions.
- To become engaged in workforce opportunities within the Muscogee (Creek) Nation.
- To increase learning through service.

Tribal Eligibility: College students who are Junior, Senior, or Graduate level during the spring semester prior to the summer for which they are applying. Must reside within the Muscogee (Creek) Nation boundaries*, and be an enrolled member of the Muscogee (Creek) Nation.

*College students living in housing outside of the boundaries, the student's parents/guardians must reside within the boundaries and the student will be returning to the parent's home during the summer.

Applications will be accepted in person or by mail only

*Priority will be given to students over age 21.

*Priority will be given to new applicants.

Students must have a Cumulative GPA of 2.5.

Applications postmarked on the deadline date will be accepted and considered for approval.

Documents not listed above is requested my application will be considered incomplete.

The College Work Experience is very competitive, in order to choose the best candidates for the program, applicants will need to complete an interview with E & T staff the week of April 13- 17th. Applicants will be contacted by April 10th to set up a date and time for the interview.

NOTE: If selected after the interview process, participants will complete another interview with their internship site and be required to turn in a Worksite Agreement no later than April 30th. You will be provided with the paperwork if selected.

The following documents must be provided to determine eligibility.

- ☐ Completed Application
 - ☐ Driver's License or State Identification Card
 - ☐ Muscogee (Creek) Nation Citizenship Card
 - ☐ Social Security Card
 - ☐ Proof of Residency in Creek Jurisdiction (Residence during the summer months)
 - ☐ Income verification for **everyone** in household: check stubs, benefit letters, **etc...**
 - ☐ Verification of SNAP benefits or Food Distribution-if applicable
 - ☐ Verification of Education (Plan of Study and Official Transcript with current grade classification)
 - ☐ Veterans (Copy of DD214 OR V.A. verification)
 - ☐ Selective Service Verification (males born after 1959) - available online (sss.gov)
 - ☐ **Complete** Career Assessments and save information
 - ☐ Health history and medical authorization
 - ☐ Alcohol & Drug policy form
 - ☐ Form I-9, Employment Eligibility verification
 - ☐ Form W-4, Employee's Withholding Allowance Certificate
 - ☐ Resume'
 - ☐ Letter of recommendation from a professor/instructor
 - ☐ Two page essay (12 pt. Times New Roman, double spaced) addressing the following:
 - Describe the type of internship and business/department where you want to intern
 - Describe how the internship will help you in your career path
 - Explain why you should be selected for the internship
- *Other documents may be requested at the time of application

Name: _____
First Middle Last (Maiden)

Physical Address: _____
(Street) (City) (State) (Zip) (County)

Mailing Address: _____
(P.O. Box) (City) (State) (Zip)

REQUIRED E-mail: _____ **Male/Female:** _____

Video Chat Name: _____ **Via (Skype, Google +, etc.):** _____

**This information will only be used for post-program interviews and other program related use*

Do you have a valid Driver's License: _____ **Are you a U.S. Citizen:** _____

Tribe: _____ **Blood Quantum:** _____ **DOB:** _____ **SSN:** _____

Marital Status: ___ Single ___ Married ___ Separated ___ Divorced ___ Widowed **Are you a veteran:** _____

Home Phone#: _____ **Mobile Phone#:** _____ **Work Phone#:** _____

Emergency Contact Name: _____ **Relationship to you:** _____

Address: _____ **Phone # 1:** _____ **Phone #2:** _____
(Street) (City) (State) (Zip)

**I grant MCN ETA permission to obtain information from the Emergency contact person listed above. Initial:* _____

EDUCATION

Circle current grade level (circle all that apply): College Freshman College Sophomore College Junior
College Senior College Graduate Student

Please circle & list all degrees or certificates you have OBTAINED/COMPLETED from the choices below:

High School Diploma Date: _____ GED Date: _____

Technical School Degree/Certificate: _____ Date: _____

College Associate Degree: _____ Date: _____

College Bachelor Degree: _____ Date: _____

Education/Career goals? _____

Special Skills: _____

Full Name of Applicant: _____

LIST ALL PEOPLE LIVING IN THE HOME

Household Information	First Name	Middle Name	Last Name	Age	Relationship to Head of Household	Type of Income
Head of Household						
2 nd Person						
3 rd Person						
4 th Person						
5 th Person						
6 th Person						
7 th Person						
8 th Person						

Source of income (check all that apply and list amount per month from all household members):

___ TANF	\$ _____	___ Child Care Assistance	\$ _____
___ General Assistance	\$ _____	___ BIA Assistance	\$ _____
___ Supplemental Security	\$ _____	___ Workers Compensation	\$ _____
___ Food Stamps/Commodities	\$ _____	___ Other Non-Taxable Income	\$ _____
___ Foster Care Payments	\$ _____		
___ Refugee Assistance	\$ _____	___ Social Security	\$ _____
___ Veterans Benefits	\$ _____	___ Alimony	\$ _____
___ Foster Care Payments	\$ _____	___ Retirement/Pension	\$ _____
___ Child Support	\$ _____	___ Gross Wages	\$ _____
___ Pell Grant	\$ _____	___ Unemployment	\$ _____
___ Other Educational Grants/Financial Aid	\$ _____	___ Other Taxable Income	\$ _____

If Currently Unemployed or Recently Employed, describe how long you have been unemployed and how you supported yourself over the last 6 months.

Full Name of Applicant: _____

STATEMENT OF UNDERSTANDING

I verify that I have read the COLLEGE WORK EXPERIENCE program Participant Guidelines and Expectations. I acknowledge an understanding of this information. If accepted for the COLLEGE WORK EXPERIENCE Internship, I agree to comply with the Expectations and Guidelines.

I further understand that if my employment is terminated, either voluntarily or involuntarily, I will not be able to move to another worksite and it could affect my ability to participate in other services provided by the MCN Employment & Training Administration.

Applicants Name: (please print)

Applicant Signature

Date

PARTICIPANT GUIDELINES & EXPECTATIONS

1. Participants must participate in a mandatory College Work Experience Orientation and Leadership Academy, the first week of the program.
2. Participants working at a Division of Health Facility are required to attend an additional Orientation provided by the Division of Health.
3. Participants must complete at least 8 hours of service during the Mvskoke Festival.
4. Participants must attend at least 1 National Council meeting and 1 Community meeting during the program.
5. Participants must attend Hangout Days, including all activities planned.
6. Participants must visit at least one of the culturally significant sites to be given out at Orientation and write a short essay with a brief history of the site and what your experience was like.
7. Participants will work on a presentation about leadership or a leadership topic throughout the internship, to be presented in person during Reflection Days.
8. Participants must locate their own worksite through job search and interviews.
9. Participants cannot be supervised by a relative.
10. Participants are responsible for their own transportation to and from work, Leadership Academy, Hangout Days, Reflection Days, and service time.
11. Participants must work at a location that is related to the degree they are pursuing.
12. Participants must develop a Learning Agreement with their worksite detailing employment responsibilities and goals and how each will be accomplished. Learning Agreements must be submitted by **May 29th**.
13. Participants may take one week leave for extra-curricular activities **if approved** by the worksite. Participants **will not be paid** for this time off.
14. Participants may attend college or technical school classes. Participants must seek **approval from their worksite** to accommodate this leave; otherwise the participant will need to locate a new work site. Participants **will not be paid** for this time off.
15. Participants will be paid for holidays, **observed by their worksite**, if the participant works the day before and the day after the holiday.
16. Participants are responsible for:
 - a) Developing a Learning Agreement with worksite supervisor and submitting by May 30th.
 - b) Ensuring that Supervisor submits Time Sheets on the designated dates.
 - c) Obtaining documentation of Mvskoke Festival service and submit by June 26th.
17. Participants must also attend the Reflection Days at the end of the program:
August 3rd and 4th; location to be announced.
18. Participants should also be aware of a trip possibility at the end of the program.

The trip will be August 5th through August 8th .

INDIVIDUALIZED PLAN FOR EMPLOYMENT

DATE: _____

CLIENT INFORMATION:

First	Middle	Last	(Maiden)
SSN:	DOB:	TRIBE:	

BARRIERS/CHALLENGES:

STRENGTHS:

May include support systems (Family/friends/community)

SOURCES OF INCOME/ RESOURCES:

Have you worked before:

Does your experience qualify you for employment at an adequate wage?

Do you have a disability or personal circumstances that do not allow your employment in previously held occupations?

If yes explain:

Do you have experience and skills that are not marketable in the current labor market?

If yes explain:

Do you have job search skills such as inter-viewing, completing applications, resume writing etc...?

If yes explain:

Have you encountered problems with supervisors/co-workers in the past?

Have personal problems un-related to work interfered with employment in the past?

Have you ever been terminated?

List training you currently have:

What wage will require you to be self-sufficient?

Current level of education:

School you plan to attend:

LIST AT LEAST 1 SHORT TERM AND 1 LONG TERM CAREER EDUCATIONAL GOALS

GOAL: _____

Action required	Target start date:	Review end date:
Step 1.		
Step 2.		

GOAL: _____

Action required	Target start date:	Review end date:
Step 1.		
Step 2.		

GOAL: _____

Action required	Target start date:	Review end date:
Step 1.		
Step 2.		

List 2 personal goals you hope to achieve as a result of working:

Career Assessment: [Link to www.okcis.intocareers.org](http://www.okcis.intocareers.org)

- 1.Click "OK Residents"
2. Enter: username-muscogecreeknation password-Okcis903
- 3.Click "sign in "
- 4.Click" create my portfolio"[Portfolio Access-indicate Yes, for counselor to view your portfolio]
- 5.Click "assessments tab" **Complete the 5 assessments listed below (Save Results)**

____ Reality check	Annual Salary needed: _____
____ Skills	*Sorting tool that allows you to match your skills to occupations.
____ Work Importance locator	Indicate top two values most important to you: 1. 2.
____ Interest profiler	Indicate top 3 scores (in order) 1. 2. 3.
____ Career cluster inventory	Indicate cluster with highest score: _____ REVIEW OCCUPATION OVERVIEW

DRUG AND ALCOHOL POLICY

1. The Anti-drug Abuse Act of 1988 requires Muscogee (Creek) Nation to establish a drug free workplace. It shall be the police of Muscogee (Creek) Nation to provide a drug free workplace for its employees. Any employee reporting to work under the influence, use on the job or distribution on the job of alcohol or any mind altering drug shall be subject to disciplinary action.
2. As a condition of employment, an employee must agree to notify immediate supervisor in writing of any criminal drug statue conviction for a violation occurring in the workplace no later than five (5) calendar days after such conviction. Any employee involved in irrational behavior or an accident on the job, and the incident thought to be drug related, shall be required to take a drug test. Drug testing will follow the recommendation of a Department Chairman, Personnel Manager and/or Principal Chief. Any employee refusing to take a drug test, after just cause for suspicion shall be discharged. If the drug test is positive the employee shall be discharged.
3. An employee convicted of a drug related felony while off duty shall be discharged from employment. An employee convicted of a drug related misdemeanor while off duty will be required to attend a drug rehabilitation program. After two (2) convictions of an employee for drug related misdemeanors, the employee shall be discharged from employment with the Muscogee (Creek) Nation.

I have read the Alcohol and Drug Police and understand that all employees will comply with all statements included in this policy.

Participant Name (please print)

Participant Signature

Date

Parent/Guardian Signature (if under 18) Date

HEALTH HISTORY AND MEDICAL AUTHORIZATION

Name: Last, First

Sex

Parent or Guardian

Home Address

Age

Date of Birth

Social Security Number

Home Phone

Father Work/Cell Phone

Mother work/Cell Phone

Emergency Contact: _____
Name

Phone Number

Health History

Question	Yes	NO	Explain Yes Answers
Chronic and/or recurrent illness?			
Hospitalizations?			
Operations?			
Taking Medications?			
Organ Missing?			
Diabetes/Blood sugar disorders?			
Dizziness, fainting, epilepsy, seizures?			
Allergies/Asthma?			
Migraine Headaches?			
Concussion?			
Wear glasses/contacts?			
Hearing problems?			
Allergic to medications?			
High Blood Pressure?			
Bone, Joint, Spine Injury?			
Liver, Spleen, Kidney, or Skin?			

Primary Physicians Name: _____ Phone: _____

Insurance Company

Group Number

Phone

Indian Health Clinic

Chart Number

Phone

Please list any current treatment:

Please list any medications that you are taking at this time:

AUTHORIZATION FOR TREATMENT: I hereby give permission to the medical personnel to order X-Rays, routine tests, treatment, and necessary transportation. In the event I cannot be reached in an emergency, I hereby give permission to the physician to secure and administer treatment, including hospitalization, for me/my child as named above.

Participant

Date

